

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO 417)**

SERIAL NO
447430

FILING DATE
11/23/99

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 3-MONTH PRIORITY		AFTER 3-MONTH PRIORITY	
	NO.	OFF.	NO.	OFF.	NO.	OFF.
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TOTAL NO.						
TOTAL OFF.						
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	AS FILED		AFTER 3-MONTH PRIORITY		AFTER 3-MONTH PRIORITY	
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